FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099012

1. Corporation Name: PLANET CHILDHOOD INC

Principal Place of Business: 5320 HAYDEN BLVD SARASOTA FLA 34232

Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

2. Principal Place of Business
21: 101 WHISPERING SANDS DR
22 Suite, Apt. #, etc: #102
23 City & State: SARASOTA FLORIDA
24 Zip: 34242
25 Country: USA

2a. Mailing Address
26: 101 WHISPERING SANDS DR
27 Suite, Apt. #, etc: #102
28 City & State: SARASOTA FLORIDA
29 Zip: 34242
30 Country: USA

4. FEI Number: 65-0795614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MICHAEL DOCTOR
5320 HAYDEN BLVD
SARASOTA FLA 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position under Section 607.0505, Florida Statutes.

SIGNATURE: Michael Doctor — Michael Doctor — 4/21/98
(Signature and Typed or Printed Name of Registered Agent) (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL DOCTOR 5320 HAYDEN BLVD SARASOTA FLA 34232 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT MICHAEL DOCTOR 5320 HAYDEN BLVD SARASOTA FLA 34232 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500002507083 -06/22/98--01004--029 ***150.00 JV 6.19

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Michael Doctor — Michael Doctor — 4/21/98 — 941 349 3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Area Code and Daytime Telephone Number)